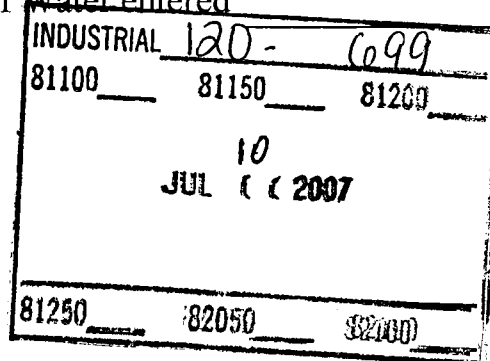


**PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT**

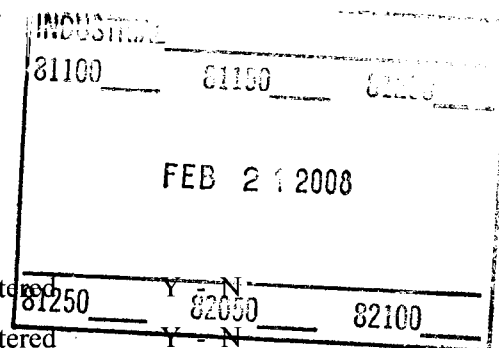
**SECTION A**

1. Company Name: Master Metal Polishing Corporation
2. Permit Number if applicable: \_\_\_\_\_
3. Location: 57 Wood Street, Paterson, NJ 07503  
\_\_\_\_\_  
Zip Code: 07524
4. Mailing Address: SAME  
\_\_\_\_\_  
Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
Name of Contact Official: Jeffrey Almeyda  
Title: President Phone No.: (973) 684-0119  
Address: SAME Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 15 Part Time: 0  
Number of Work Days Per Year: 260 - 300  
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): N/A  
Assessed Value: \_\_\_\_\_
8. If property is rented indicate name and address of owner: Michael J. O'Brien  
585 Navaho Trail Drive, Franklin Lakes, 07417  
Total square feet rented: 22,000
9. List NJPDES Permit Number if applicable, \_\_\_\_\_ N/A \_\_\_\_\_ and  
Name of receiving Body of Water entered \_\_\_\_\_ N/A \_\_\_\_\_



Master Meter

## SECTION B

**WATER DATA**

## 10. Water Source: (Circle all appropriate answers)

Purchased Y - N

Well Y - N

River Y - N

If Y, is it metered

If Y, is it metered

11. Name of purchased water supplier: Passaic Valley Water Commission

List all Account #'s: \_\_\_\_\_

12. Water Received: From Mo. Nov Yr. 2007 through Mo. Jan Yr. 2008

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	443,788	NA	NA	443,788
2 <sup>nd</sup> Qtr.	NA	NA	NA	NA
3 <sup>rd</sup> Qtr.	NA	NA	NA	NA
4 <sup>th</sup> Qtr.	NA	NA	NA	NA

**GRAND TOTAL** 443,788

Report in gallons

## 13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	22,888		
Process waste water	399,855		
Cooling water			
Evaporation			21,045
Contained in the product			
Other (describe)			

**GRAND TOTAL** 443,788 Gals

**SECTION B****WATER DATA**

10. Water Source: (Circle all appropriate answers)

Purchased

Y - N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: Passaic Valley Water Commission

List all Account #'s: \_\_\_\_\_

12. Water Received: From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ through Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	NA	NA	NA	NA
2 <sup>nd</sup> Qtr.	NA	NA	NA	NA
3 <sup>rd</sup> Qtr.	NA	NA	NA	NA
4 <sup>th</sup> Qtr.	NA	NA	NA	NA

**GRAND TOTAL** \_\_\_\_\_

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	78,000 *		
Process waste water	6,669,000 *		
Cooling water			
Evaporation			351,000 *
Contained in the product			
Other (describe)			

**GRAND TOTAL**

7,098,000 Gals

Water flow information from PVSC MR-2 Reports previously submitted

**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - N
To the Combined Sewer	Y - N
To the Storm Sewer	Y - N
River or Ditch	Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
N/A			

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous XXXX  
or intermittent \_\_\_\_\_ each operating day.

If the discharge is intermittent, it occurs between the following hours: \_\_\_\_\_

17. Brief description of Manufacturing or other activity performed: \_\_\_\_\_  
Aluminum anodizing; Chemfil on aluminum

List SIC CODE #: 7213

Principal Raw Materials used: Aluminum, sulfuric acid, alkaline cleaner, sodium hydroxide, nitric acid

Principal Products or Services: aluminum anodizing, trivalent chromate coating

18. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: NA

Does this facility shutdown for vacation(s)? No If so, is it basically the same time each year. No Provide dates usually shutdown \_\_\_\_\_

### **SECTION D**

#### **MONITORING**

19. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 pH neutralization with pH recorder

Outlet 2 N/A Sanitary Only

Outlet \_\_\_\_\_

20. Sampling information:

<b><u>Outlet</u></b>	<b><u>Contains Industrial Waste</u></b>	<b><u>Sampler Type</u></b>	<b><u>Refrigerated</u></b>
1	Yes	Peristaltic composite	Yes
2	No	N/A	N/A

**SECTION D (continued)**

## 21. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
1	27,000 *	Yes	incoming meter – sanitary meter	
2	300 *	Yes	internal water meter	

22. Frequency of calibration of each flow meter: NA

## 23. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 27200056-1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids	712 mg/L	1002*	Arsenic (As)	
0505	Volatile Solids		1022*	Boron (B)	
0530	Total Suspended Solids	19.5 mg/L	1027	Cadmium (Cd)	<0.001 mg/L
0540	Volatile Suspended Solids		1034*	Chromium Total (Cr)	0.045 mg/L
0555	(1)(3) Petroleum Hydrocarbons	<5.0 mg/L	1042	Copper (Cu)	0.012 mg/L
0310	Biochemical Oxygen Demand (BOD)	48 mg/L	1045*	Iron (Fe)	
			1051	Lead (Pb)	0.138 mg/L
0340	Chemical Oxygen Demand (COD)	75 mg/L	0720*(3)	Cyanide (Cn)	<0.02 mg/L
			1900	Mercury (Report to 0.XXX)	<0.0005 mg/L
0680	Total Organic Carbon (TOC)		1067	Nickel (Ni)	0.022 mg/L
			1147*	Selenium (Se)	
9000	pH(standard unit range)	**	1077*	Silver (Ag)	0.00397 mg/L
0610	(1) Ammonia as N		1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease	<5.00 mg/L	1092	Zinc (Zn)	0.167 mg/L
0745*	(1) Sulfide		2730	Phenol	
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	<0.01 mg/L

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87  
8/89  
7/90  
9/94  
8/95  
11/95  
07/98

\*\* Company has pH monitor on line

**SECTION E (continued)**

Samples collected by: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Sample analyzed by: Integrated Analytical Labs \_\_\_\_\_ Date: See Report

Products being manufactured when sample was collected: Aluminum Anodizing Services

27. Who performs the analyses of the samples for User Charge? \_\_\_\_\_  
Integrated Analytical Labs

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N YES

29. Who performs the analyses of the samples for the Pretreatment Parameters?  
Integrated Analytical Labs

\_\_\_\_\_

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Yes

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.



**SECTION F****PRETREATMENT**

32. Industrial Category: 40 CFR 433.17  
 Subpart (s): N/A
33. Compliance date(s): 2/15/86
34. Is facility in compliance? Yes If not, and if compliance date has passed,  
 explain actions being taken to get into compliance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: To be submitted
36. Compliance schedule submitted: N/A  
 If yes is facility on schedule? N/A Explain if compliance date will not be met:  
 \_\_\_\_\_  
 \_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
 If yes, describe Yes for nickel acetate & aluminum etch waste  
 Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
 If yes, describe No  
 \_\_\_\_\_  
 \_\_\_\_\_
38. Has NJDEP or EPA ever cited this facility for a violation of State or Federal  
 Regulations for the nature of its wastewater discharge? Y - N No
39. Is this facility under an ISRA Clean up? No If so, has a plan been approved by  
 NJDEP: N/A  
 Is there any plan to discharge groundwater? No  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: Jeffrey Almeyda  
Print Name

TITLE: President

7.05.2007  
DATE

Jeffrey Almeyda  
SIGNATURE

**\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			X		2,4 dimethylphenol			X	
acrolein			X		2,4 dinitrotoluene			X	
acrylonitrile			X		2,6 dinitrotoluene			X	
benzene			v		1,2 diphenylhydrazine			v	
benzidine			X		Ethylbenzene			X	
carbon tetrachloride (tetrachloromethane)			X		Fluoranthene			v	
chlorobenzene			X		4-chlorophenyl phenyl ether			v	
1,2,4-trichlorobenzene			X		4-bromophenyl phenyl ether			X	
hexachlorobenzene			X		bis(2-chloroisopropyl) ether			X	
1,2 dichloroethane			v		bis(2-chloroethoxy) methane			X	
1,1,1 trichlorethane			X		Methylene chloride (dichloromethane)			X	
hexachloroethane			X		methyl chloride (chloromethane)			X	
1,1,dichloroethane			X		methyl bromide (bromomethane)			X	
1,1,2 trichloroethane			X		Bromoform(tribromomethane)			X	
1,1,2,2 tetrachloroethane			X		Dichlorobromomethane			X	
chlorethane			X		trichlorofluoromethane			v	
bis(chloromethyl) ether			X		dichlorodifluoromethane			v	
Bis(2 chloroethyl) ether			v		chlorodibromomethane			v	
2-chloroethyl vinyl ether mixed			v		hexachlorobutadiene			v	
2-chloronaphthalene			v		hexachlorocyclopentadiene			v	
2,4,6, trichlorophenol			v		isophorone			v	
parachlorometa cresol			v		naphthalene			v	
Chloroform (trichloromethane)			v		nitrobenzene			v	
2 chlorophenol			v		2-nitrophenol			v	
1,2, dichlorobenzene			v		4-nitrophenol			v	
1,3, dichlorobenzene			v		2,4-dinitrophenol			v	
1,4, dichlorobenzene			v		4,6 dinitro-o cresol			v	
3,3, dichlorobenzidine			v		N-nitrosodimethylamine			v	
1,1,dichloroethylene			v		N-nitrosodiphenylamine			v	
1,2 trans-dichloroethylene			v		N-nitrosodi-n-propylamine			v	
2,4,dichlorophenol			v		pentachlorophenol			v	
1,2, dichloropropane			v		phenol			v	
1,3, dichloropropylene			v						
(1,3 dichlor propene)			v						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			v		endrin			v	
butylbenzylphthalate			v		endrin aldehyde			v	
di-n-butylphthalate			v		heptachlor			v	
di-n-octylphthalate			v		heptachlor (epoxide)			v	
diethylphthalate			v		BHC Alpha			v	
dimethylphthalate			v		BHC Beta			v	
benzo(a)anthracene			v		BHC Gamma			v	
benzo(a)pyrene			v		BHC Delta			v	
3,4 benzofluoranthene			v		PCB1242			v	
benzo(k) fluoranthene			v		PCB1254			v	
chrysene			v		PCB1221			v	
acenaphthylene			v		PCB1232			v	
anthracene			v		PCB1248			v	
benzo(ghi)perylene			v		PCB1260			v	
fluorene			v		PCB1016			v	
phenanthrene			v		toxaphene			v	
dibenzo (a,h) anthracene			v		antimony(total)			v	
indeno (1,2,3-c,d) pyrene			X		arsenic (total)			X	
pyrene			X		asbestos (fibrous)			X	
tetrachloroethylene			X		beryllium (total)			X	
toluene			X		cadmium (total)	X			
trichloroethylene			X		chromium (total)	X			
vinyl chloride			X		copper (total)	X			
aldrin			X		cyanide (total)			X	
dieldrin			X		lead (total)	X			
chlordane			X		mercury (total)			X	
4,4 DDT			X		nickel (total)	X			
4,4, DDE			X		selenium (total)			X	
4,4, DDD			X		silver (total)			X	
endosulfan 1			X		thallium (total)			X	
endosulfan 11			X		zinc (total)	X			
endosulfan sulfate			v		2,3,7,8, tetrachlorodibenzo			v	
			v		p-dioxin			v	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			✓		n,n-dimethyl aniline			✓	
amitrole			✓		3,3-dimethyl benzidine			✓	
amyl alcohols			✓		1,1-dimethylhydrazine			✓	
aniline hydrochloride			✓		dioxane			✓	
anisole			✓		diphenylamine			✓	
auramine			✓		ethylenimine			✓	
benzotrichloride			✓		hydrazine			✓	
benzylamine			✓		4,4-methylene bis			✓	
			✓		(2-chloraniline)			✓	
o-chloroaniline			✓		4,4-methylenedianiline			✓	
m-chloroaniline			✓		methyl isobutyl ketone			✓	
p-chloraniline			✓		alpha-naphthylamine			✓	
1-chloro-2-nitrobenzene			✓		beta-naphthylamine			✓	
1-chloro-4-nitrobenzene			✓		n-methylaniline			✓	
chloroprene			✓		1,2- phenylenediamine			✓	
chrysoidine			✓		1,3- phenylenediamine			✓	
cumene			✓		1,4-phenylenediamine			✓	
2,3-dichloroaniline			✓		sudan 1 (solvent yellow 14)			✓	
2,4-dichloroaniline			✓		thiourea			✓	
2,5-dichloroaniline			✓		toluene sulfonic acids			✓	
3,4-dichloroaniline			✓		toluidines			✓	
3,5-dichloroaniline			✓		xylidines			✓	
1,3-dichloropropene			✓						
1,3-dimethoxybenzidine			✓						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			v		isopropanolamine			v	
allyl alcohol			v		kelthane			v	
allyl chloride			v		kepone			v	
amyl acetate			v		malathion			v	
aniline			v		mercaptodimethur			v	
benzonitrile			v		methoxychlor			v	
benzyl chloride			v		methyl mercaptan			v	
butyl acetate			v		methyl methacrylate			v	
butylamine			v		methly parathion			v	
captan			v		mevinphos			v	
carbaryl			v		mexacarbate			v	
carbofuran			v		monoethylamine			v	
carbon disulfide			v		monomethylamine			v	
chlorpyrifos			v		naled			v	
coumaphos			v		napthenic acid			v	
cresol			v		nitrotoluene			v	
crotonaldehyde			v		parathion			v	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			v		phosgene			v	
acetic acid			v		propagrite			v	
diazinon			v		propylene oxide			v	
dicamba			v		pyrethrins			v	
dichlobenil			v		quinoline			v	
dichlone			v		resorcinol			v	
2,2-dichloropropionic acid			v		strontium			v	
dichlorvos			v		strychnine			v	
diethylamine			v		stryrene			v	
dimethylamine			v		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			v	
			v					v	
dinitrobenzene			v		TDE (tetrachloro- diphenylethane)			v	
			v					v	
diquat			v		2,4,5-TP 2(2,4,5- trichlorophenoxy			v	
			v					v	
disulfoton			v		trichlorofon			v	
diuron			v		triethylamine			v	
epichlorohydrin			v		trimethylamine			v	
					propanoic acid			v	

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			<input checked="" type="checkbox"/>		uranium			<input checked="" type="checkbox"/>	
ethion			<input checked="" type="checkbox"/>		vanadium			<input checked="" type="checkbox"/>	
ethylene diamine			<input checked="" type="checkbox"/>		vinyl acetate			<input checked="" type="checkbox"/>	
ethylene dibromide			<input checked="" type="checkbox"/>		xylene			<input checked="" type="checkbox"/>	
formaldehyde			<input checked="" type="checkbox"/>		xlenol			<input checked="" type="checkbox"/>	
furfural			<input checked="" type="checkbox"/>		zirconium			<input checked="" type="checkbox"/>	
guthion			<input checked="" type="checkbox"/>						
isoprene			<input checked="" type="checkbox"/>						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

## SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

### SECTION ONE

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

METAL MASTER POLISHING CORPORATION

Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

METAL MASTER FINISHERS

Trade Name/Fictitious Name



**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/>            | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input checked="" type="checkbox"/> | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Jeffrey Almeyda

Street Address: 57 Wood Street,

City, State & Zip Code: Paterson, NJ 07524

Business Telephone: 973-684-0119

Emergency Telephone: (718) 309-5301

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>N/A</u>	<u>From (Year)</u>	<u>To (Year)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>N/A</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
NA			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: NA

Company Name:

Street Address:

City, State & Zip:

Telephone: \_\_\_\_\_  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country : State of New York

Date: 1962

Certificate of Incorporation No.:

Copy of certificate of incorporation attached? \_\_\_\_\_ Yes \_\_\_X\_\_\_ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: 2/9/07

**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

**Name:** Jeffrey Almeyda **Telephone:** 973-684-0119

**Business address:** 57 Wood Street, Paterson, NJ 07524

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
President	1997	9/1/67

**Name:** Kevin Almeyda **Telephone:** 973-684-0119

**Business address:** 57 Wood Street, Paterson, NJ 07524

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
Vice. President	2000	6/11/71

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

**Name:** N/A **Telephone:** (area code)

**Business address:**

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. **Use additional copies of this section, as necessary.**

**Name and last known address:** NA

Position <u>held</u>	From	To (month/year)	Date of <u>birth</u>
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. **Use additional copies of this section as necessary.**

**Name:** Gerardo Almeyda

Street Address: 160 – 32 79<sup>th</sup> st, Howard Beach, NY 11414

City, State & Zip Code:

Bus.Phone

**Name:** Sandra Almeyda

Street Address: 160 – 32 79<sup>TH</sup> St., Howard Beach, NY 11414

City, State & Zip Code:

Bus.Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR N/A

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? \_\_\_\_\_ Yes \_\_\_\_\_ No

**TYPE OF ASSOCIATION:** Check One

☐ General Partnership      ☐ Limited Partnership      ☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: N/A

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name: N/A

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_

**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name: N/A

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: \_\_\_\_\_

Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

N/A

Type (trust, trade association; estate; etc.)

Copy attached?      ☐ Yes      ☐ No

**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. **Use additional copies of this section as necessary.**

**Name:** N/A

Street Address:

City, State & Zip Code:

Telephone:

**Name:**

Street Address:

City, State & Zip Code:

Telephone:

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_



**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of entity cited: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Address of alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_ Docket no.: \_\_\_\_\_

**SECTION SEVEN****OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION**

(To be completed by all applicants)

**A. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. **Use additional copies of this section as necessary.**

**Title of case:** \_\_\_\_\_ **Docket No.:** \_\_\_\_\_

**Name & location of court:** \_\_\_\_\_ **Date judgment entered:** \_\_\_\_\_

**Nature of suit:** \_\_\_\_\_ **Amt./terms of judgment:** \_\_\_\_\_

**B. PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. **Use additional copies of this section as necessary.**

**Title of case:** \_\_\_\_\_ **Docket No.:** \_\_\_\_\_

**Name & location of court:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Nature of suit:** \_\_\_\_\_ **Status:** \_\_\_\_\_

**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. **Use additional copies of this page as necessary.**

**Name of entity  
charged/convicted:** \_\_\_\_\_

**Description of  
crime/offense charged:** \_\_\_\_\_

**Date  
Charged:** \_\_\_\_\_

**Jurisdiction  
Where Charged:** \_\_\_\_\_

**Indictment information,  
Complaint No., indictment No. etc.,** \_\_\_\_\_

**Disposition (if applicable,  
sentence imposed):** \_\_\_\_\_

**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

  
Signature

Jeffrey Almeyda, President

Print Title & Position



## ANALYTICAL DATA REPORT

for

Master Metal Inc

57 Wood Street

Paterson, New Jersey 07524

Project Name: PVSC MONITORING

Lab Case Number: E07-12545

MDL = METHOD DETECTION LIMIT

&lt; = LESS THAN THE MDL

## Volatiles

Lab ID: 12545-001

Client ID: 01-WASTEWATER GRAB

Matrix-Units: Aqueous-ug/L

Percent Moisture: 100

Date Sampled: 11/30/2007

Time Sampled: 08:45

Date Analyzed: 12/5/07

Compound	Conc	Q	MDL
Chloromethane	< 0.360		0.360
Vinyl chloride	< 0.420		0.420
Bromomethane	< 0.280		0.280
Chloroethane	< 0.320		0.320
Trichlorofluoromethane	< 0.550		0.550
1,1-Dichloroethene	< 0.460		0.460
Methylene chloride	< 1.99		1.99
trans-1,2-Dichloroethene	< 0.330		0.330
1,1-Dichloroethane	< 0.220		0.220
Chloroform	2.79		0.160
1,1,1-Trichloroethane	< 0.260		0.260
Carbon tetrachloride	< 0.390		0.390
1,2-Dichloroethane (EDC)	< 0.440		0.440
Benzene	< 0.260		0.260
Trichloroethene	< 0.360		0.360
1,2-Dichloropropane	< 0.220		0.220
Bromodichloromethane	0.818		0.170
2-Chloroethyl vinyl ether	< 0.260		0.260
cis-1,3-Dichloropropene	< 0.280		0.280
Toluene	1.94		0.260
trans-1,3-Dichloropropene	< 0.240		0.240
1,1,2-Trichloroethane	< 0.160		0.160
Tetrachloroethene	< 0.380		0.380
Dibromochloromethane	< 0.440		0.440
Chlorobenzene	< 0.220		0.220
Ethylbenzene	< 0.400		0.400
Total Xylenes	< 1.21		1.21
Bromoform	< 0.200		0.200
1,1,2,2-Tetrachloroethane	< 0.120		0.120
1,3-Dichlorobenzene	< 0.230		0.230
1,4-Dichlorobenzene	< 0.280		0.280
1,2-Dichlorobenzene	< 0.210		0.210
TOTAL VO's:	5.55		

273 Franklin Road  
 Randolph, NJ 07869  
 Phone: 973 361 4252  
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program



## ANALYTICAL DATA REPORT

for

Master Metal Inc

57 Wood Street

Paterson, New Jersey 07524

Project Name: PVSC MONITORING

Lab Case Number: E07-12545

MDL = METHOD DETECTION LIMIT

&lt; = LESS THAN THE MDL

## General Analytical

Lab ID: 12545-001

Client ID: 01-WASTEWATER GRAB

Percent Moisture: 100

Date Sampled: 11/30/2007

Time Sampled: 08:45

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Cyanide, Total	< 0.020	0.020	Aqueous-mg/L	12/3/2007 14:07
Oil & Grease	< 5.00	5.00	Aqueous-mg/L	12/6/2007 15:00
Oil & Grease by 1664 SGT-HEM	< 5.00	5.00	Aqueous-mg/L	12/12/2007 16:00

## Metals

Lab ID: 12545-002

Client ID: 02-WASTEWATER COMPOSITE

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 11/30/2007

Time Sampled: 09:00

Date Analyzed: 12/3/07

Parameter	Result	Q	MDL
Cadmium	< 0.001		0.001
Chromium	0.045		0.008
Copper	0.012		0.008
Lead	0.138		0.002
Mercury	< 0.0005		0.0005
Nickel	0.022		0.004
Silver	0.00397		0.002
Zinc	0.167		0.008

## General Analytical

Lab ID: 12545-002

Client ID: 02-WASTEWATER COMPOSITE

Percent Moisture: 100

Date Sampled: 11/30/2007

Time Sampled: 09:00

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	48.0	2.00	Aqueous-mg/L	11/30/2007 17:00
Chemical Oxygen Demand	75.0	5.00	Aqueous-mg/L	12/10/2007 16:00
Ammonia	< 0.200	0.200	Aqueous-mg/L	12/12/2007 7:42
Total Solids	712	25.0	Aqueous-mg/L	12/7/2007 12:00
Total Suspended Solids	19.5	12.5	Aqueous-mg/L	12/5/2007 12:00

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D.  
Laboratory Director

273 Franklin Road  
Randolph, NJ 07869  
Phone: 973 361 4252  
Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

## CUSTOMER INFO

Company: MASTER METAL INC.
Address: 57 WOOD STREET
PATERSON, NJ 07524
Telephone #:
Fax #:
Project Manager:
Sampler: MASTER METAL PERSONNEL
Project Name: PVSC MONITORING
Project Location (State):
Bottle Order #:
Quote #:

## SAMPLE INFORMATION

[illegible]

	Known Hazard:	Yes or No	Describe:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			
51.			
52.			
53.			
54.			
55.			
56.			
57.			
58.			
59.			
60.			
61.			
62.			
63.			
64.			
65.			
66.			
67.			
68.			
69.			
70.			
71.			
72.			
73.			
74.			
75.			
76.			
77.			
78.			
79.			
80.			
81.			
82.			
83.			
84.			
85.			
86.			
87.			
88.			
89.			
90.			
91.			
92.			
93.			
94.			
95.			
96.			
97.			
98.			
99.			
100.			

*Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any ambiguities have been resolved.*

## REPORTING INFO

<b>REPORT TO:</b>	ENVIRO-COMP, INC
<b>Address:</b>	PO BOX 3457 WAYNE, NJ 07474
<b>Attn:</b>	JOHN SABO
<b>FAX #</b>	973-633-7643
<b>INVOICE TO:</b>	ENVIRO-COMP
<b>Address:</b>	PO BOX 3457 WAYNE, NJ 07474
<b>Attn:</b>	JOHN SABO
<b>PO #</b>	

### Sample Matrix

DW - Drinking Water    AQ - Aqueous    WW - Waste Water  
OI - Oil    LIQ - Liquid (Specify)    OT - Other (Specify)  
S - Soil    SL - Sludge    SOL - Solid    W - Waste

[illegible]

## ANALYTICAL PARAMETERS

[illegible]Cooler Temp 17 °C



**# BOTTLES & PRESERVATIVES**

[illegible]

	Conc.	Expected:	Low	Med	High
1	0.000	0.000	0.000	0.000	0.000
2	0.000	0.000	0.000	0.000	0.000
3	0.000	0.000	0.000	0.000	0.000
4	0.000	0.000	0.000	0.000	0.000
5	0.000	0.000	0.000	0.000	0.000
6	0.000	0.000	0.000	0.000	0.000
7	0.000	0.000	0.000	0.000	0.000
8	0.000	0.000	0.000	0.000	0.000
9	0.000	0.000	0.000	0.000	0.000
10	0.000	0.000	0.000	0.000	0.000
11	0.000	0.000	0.000	0.000	0.000
12	0.000	0.000	0.000	0.000	0.000
13	0.000	0.000	0.000	0.000	0.000
14	0.000	0.000	0.000	0.000	0.000
15	0.000	0.000	0.000	0.000	0.000
16	0.000	0.000	0.000	0.000	0.000
17	0.000	0.000	0.000	0.000	0.000
18	0.000	0.000	0.000	0.000	0.000
19	0.000	0.000	0.000	0.000	0.000
20	0.000	0.000	0.000	0.000	0.000
21	0.000	0.000	0.000	0.000	0.000
22	0.000	0.000	0.000	0.000	0.000
23	0.000	0.000	0.000	0.000	0.000
24	0.000	0.000	0.000	0.000	0.000
25	0.000	0.000	0.000	0.000	0.000
26	0.000	0.000	0.000	0.000	0.000
27	0.000	0.000	0.000	0.000	0.000
28	0.000	0.000	0.000	0.000	0.000
29	0.000	0.000	0.000	0.000	0.000
30	0.000	0.000	0.000	0.000	0.000
31	0.000	0.000	0.000	0.000	0.000
32	0.000	0.000	0.000	0.000	0.000
33	0.000	0.000	0.000	0.000	0.000
34	0.000	0.000	0.000	0.000	0.000
35	0.000	0.000	0.000	0.000	0.000
36	0.000	0.000	0.000	0.000	0.000
37	0.000	0.000	0.000	0.000	0.000
38	0.000	0.000	0.000	0.000	0.000
39	0.000	0.000	0.000	0.000	0.000
40	0.000	0.000	0.000	0.000	0.000
41	0.000	0.000	0.000	0.000	0.000
42	0.000	0.000	0.000	0.000	0.000
43	0.000	0.000	0.000	0.000	0.000
44	0.000	0.000	0.000	0.000	0.000
45	0.000	0.000	0.000	0.000	0.000
46	0.000	0.000	0.000	0.000	0.000
47	0.000	0.000	0.000	0.000	0.000
48	0.000	0.000	0.000	0.000	0.000
49	0.000	0.000	0.000	0.000	0.000
50	0.000	0.000	0.000	0.000	0.000
51	0.000	0.000	0.000	0.000	0.000
52	0.000	0.000	0.000	0.000	0.000
53	0.000	0.000	0.000	0.000	0.000
54	0.000	0.000	0.000	0.000	0.000
55	0.000	0.000	0.000	0.000	0.000
56	0.000	0.000	0.000	0.000	0.000
57	0.000	0.000	0.000	0.000	0.000
58	0.000	0.000	0.000	0.000	

MDL Req: GWQS - SCC - OTHER (SEE COMMENTS)

Comments:

Signature/Company	Date	Time	Signature/Company
	11/30/07	1:45	
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:

Lab Case #

12545

PAGE:

of

-

## PROJECT INFORMATION

Case No. **E07-12545**Project **PVSC MONITORING**Customer **Master Metal Inc**

P.O. #

Contact **John Sabo**Received **11/30/2007 13:45**

EMail

☐ EMail EDDsVerbal Due **12/14/2007**Phone **973-633-5426**Fax **973-633-7643**Report Due **12/21/2007**Report ToBill To

57 Wood Street

EnviroComp

Paterson, New Jersey 07524

PO Box 3457

Wayne, New Jersey 07474

Attn: John Sabo

Attn: John Sabo

**Report Format Result Only****Additional Info**☐ State Form☐ Field Sampling☐ Conditional VOA

Lab ID	Client Sample ID	Depth Top / Bottom	Sampling Time	Matrix	Unit	# of Containers
12545-001	01-WASTEWATER GRAB	n/a	11/30/2007@08:45	Aqueous	ug/L	5
12545-002	02-WASTEWATER COMPOSITE	n/a	11/30/2007@09:00	Aqueous	ug/L	3

Sample #	Tests	Status	QA Method
001	PP VO w/o Ac Ac	Complete	624
"	Cyanide, Total	Complete	335.2
"	Oil Grease	Run	413.1
"	Oil Grease by 1664 SGT-HEM	Run	1664A SGT-HEM
002	Cadmium - Cd	Complete	200.8
"	Chromium - Cr	Complete	200.8
"	Copper - Cu	Complete	200.8
"	Lead - Pb	Complete	200.8
"	Mercury - Hg	Complete	245.1
"	Nickel - Ni	Complete	200.8
"	Silver - Ag	Complete	200.8
"	Zinc - Zn	Complete	200.8
"	Ammonia (NH3)	Run	350.1
"	BOD	Complete	405.1
"	COD	Complete	HACH 8000
"	Total Solids	Complete	160.3
"	TSS (Suspended)	Complete	160.2

12/10/2007 16:50 by kim - REV 1

PLEASE ADD Cr TO SAMPLE 002, PER JOHN SABO.



## INTEGRATED ANALYTICAL LABORATORIES, LLC

## SAMPLE RECEIPT VERIFICATION

CASE NO: E 07

**12545**

CLIENT:

**RCF**COOLER TEMPERATURE: 2° - 6°C: ☒

( See Chain of Custody)

Comments

COC: COMPLETE / INCOMPLETE

KEY

☒ = YES/NA☒ = NO☒ Bottles Intact☒ no-Missing Bottles☒ no-Extra Bottles☒ Sufficient Sample Volume☒ no-headspace/bubbles in VO's☒ Labels intact/correct☒ pH Check (exclude VO's)<sup>1</sup>☒ Correct bottles/preservative☒ Sufficient Holding/Prep Time<sup>1</sup>☐ Sample to be Subcontracted

<sup>1</sup> All samples with "Analyze Immediately" holding times will be analyzed by this laboratory past the holding time. This includes but is not limited to the following tests: pH, Temperature, Free Residual Chlorine, Total Residual Chlorine, Dissolved Oxygen, Sulfite.

ADDITIONAL COMMENTS:

SAMPLE(S) VERIFIED BY:

INITIAL

**RC**

DATE

**11/30/07**

CORRECTIVE ACTION REQUIRED:

YES

☐

(SEE BELOW)

NO

☐

CLIENT NOTIFIED:

YES

☐

Date/ Time:

NO

☐

PROJECT CONTACT:

SUBCONTRACTED LAB:

DATE SHIPPED:

ADDITIONAL COMMENTS:

VERIFIED/TAKEN BY:

INITIAL

**RC**

DATE

**11/30/07**

REV 02/05

## Laboratory Custody Chronicle

IAL Case No.

E07-12545

Client Master Metal IncProject PVSC MONITORINGReceived On 11/30/2007@13:45**Department: Volatiles**

		<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
PP VO w/o Ac & Ac	12545-001 Aqueous	n/a	n/a	12/ 5/07	Barbara

**Department: Metals**

		<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Cadmium - Cd	-002 Aqueous	12/ 3/07	Lisa	12/ 3/07	Helge
Chromium - Cr	-002 Aqueous	n/a	n/a	12/ 3/07	Helge
Copper - Cu	-002 Aqueous	12/ 3/07	Lisa	12/ 3/07	Helge
Lead - Pb	-002 Aqueous	12/ 3/07	Lisa	12/ 3/07	Helge
Mercury - Hg	-002 Aqueous	12/ 3/07	Lisa	12/ 3/07	Helge
Nickel - Ni	-002 Aqueous	12/ 3/07	Lisa	12/ 3/07	Helge
Silver - Ag	-002 Aqueous	12/ 3/07	Lisa	12/ 3/07	Helge
Zinc - Zn	-002 Aqueous	12/ 3/07	Lisa	12/ 3/07	Helge

**Department: Wet Chemistry**

		<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Ammonia (NH3)	-002 Aqueous	n/a	n/a	12/12/07	Jackie
BOD	-002 Aqueous	n/a	n/a	11/30/07@17:00	Kris
COD	-002 Aqueous	n/a	n/a	12/10/07	Kris
Cyanide, Total	-001 Aqueous	n/a	n/a	12/ 3/07	Jackie
Oil & Grease	-001 Aqueous	n/a	n/a	12/ 6/07	Robert
Oil & Grease by 1664 SGT-HEM	-001 Aqueous	n/a	n/a	12/12/07	Robert
TSS (Suspended)	-002 Aqueous	n/a	n/a	12/ 5/07	Kam
Total Solids	-002 Aqueous	n/a	n/a	12/ 7/07	Jennifer

Review and Approval:

